

Date of request: _____

Dodge County Sheriff's Office

124 West Street

Juneau, WI 53039

Phone: 920-386-3730

OPEN RECORDS REQUEST FORM

REQUESTOR'S INFORMATION

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

E-mail Address: _____

INFORMATION ON RECORD BEING REQUESTED

Items being requested: _____

Date of accident/incident: _____

Time of accident/incident: _____

Address of accident/incident: _____

Name of parties involved in accident/incident: _____

Sheriff's department complaint/report number (example 13-123): _____

Name of deputy that responded to the accident/incident: _____

FEES

Typical requests for accident reports, incident reports, contact records or other photocopies include a \$2.00 reproduction fee. (This is calculated at \$.25 per page plus postage when applicable.) If the cost exceeds \$2.00 you will be notified by e-mail or phone.

Audio CD recording - \$15.00

Photo CD - \$15.00

Video/ICOP - \$15.00

PAYMENT IS APPRECIATED AT THE TIME OF THIS REQUEST.

Cash, check and money orders accepted

FOR OFFICE USE ONLY

Request received by: _____

Approved _____ Denied _____